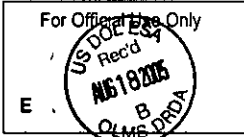


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <b>9850</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>Lewis</b> <b>D</b> <b>Zietz</b> P O Box, Bldg, Room No, if any Street <b>1107 Spy Glass Drive</b> City <b>Arnold</b> State <b>Maryland</b> ZIP Code + 4 <b>21012</b>	4 Name, file number, and address of labor organization Name <b>National Air Traffic Controllers Association</b> Labor Organization File Number <b>000-380</b> P O Box, Building and Room Number, if any Street <b>1325 Massachusetts Avenue, N W</b> City <b>Washington, D C</b> State <b>District of Columbia</b> ZIP Code + 4 <b>20005</b>
5 Position in labor organization <b>Director of Membership &amp; Marketing</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <b>Lewis D Zietz</b>	On <b>08/09/05</b> Date	<b>202-220-9803</b> Telephone Number

Name of Person Filing Lewis Zietz

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name Danny Brooks

Trade Name, if any Southern Insurance Group

P O Box, Bldg, Room No, if any

Street 548 North Willow Avenue

City Cookeville

State Tennessee ZIP Code + 4 38501

**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing**

Life Insurance

**11 b Approximate dollar value of such dealing**

\$75,000

**12 a Nature of interest held or income received**

American Express Gift Certificate

**12 b Amount**

\$500

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**14 a Nature of payment****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment**

Name of Person Filing Lewis Zietz

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name Michael D McBride

Trade Name, if any The Image Maker

P O Box, Bldg, Room No, if any

Street 20115 Waringwood Way

City Montgomery Village

State Maryland

ZIP Code + 4 20886

**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

**11 a Nature of such dealing**

Specialty products and merchandise sales

**11 b Approximate dollar value of such dealing**

\$10,000

**12 a Nature of interest held or income received**

Received-World Globe

**12 b Amount**

\$125

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

**14 a Nature of payment**13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment**

Name of Person Filing Lewis Zietz

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name Craig Rhinehart

Trade Name, if any IDPM Group, Inc

P O Box, Bldg, Room No, if any

Street 7540 Windsor Drive, Suite 107

City Allentown

State Pennsylvania ZIP Code + 4 18195-1015

**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing**

Retirement Specialists

**11 b Approximate dollar value of such dealing**

\$200,000

**12 a Nature of interest held or income received**

Wine, Nuts, Cheese Assortment

**12 b Amount**

\$75

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**14 a Nature of payment****14 b Amount of payment**13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing Lewis Zietz	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b> Name Don Smith Trade Name, if any National Insurance Services P O Box, Bldg , Room No , if any Street 748 Walnut Knoll Lane, Suite #3 City Cordova State Tennessee ZIP Code + 4 38018	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> Insurance Administration <b>11 b Approximate dollar value of such dealing</b> \$100,000 <b>12 a Nature of interest held or income received</b> Corky's Barbecue, Ham and Pecan Pie <b>12 b Amount</b> \$80

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b> Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	<b>14 a Nature of payment</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b>

Name of Person Filing Lewis Zietz

File Number U-

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**8 Name and address of Business (including trade name, if any)**

Name Tom Coyne

Trade Name, if any UnumProvident Insurance

P O Box, Bldg, Room No, if any

Street 7065 Poplar Avenue

City Memphis

State Tennessee

ZIP Code + 4 38119

**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box Bldg, Room No, if any

Street

City

State

ZIP Code + 4

**11 a Nature of such dealing**

Long Term Disability Insurance

**11 b Approximate dollar value of such dealing**

\$1,000,000

**12 a Nature of interest held or income received**

One (1) Memphis Grizzly Basketball Ticket

**12 b Amount**

\$550

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

**14 a Nature of payment**13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment**